In re	JEFFERY LANCASTER SHANNON LANCASTER	According to the calculations required by this statement: The applicable commitment period is 3 years.
Case N	umber:	☐ The applicable commitment period is 5 years. ☐ Disposable income is determined under § 1325(b)(3).
	(If known)	■ Disposable income is not determined under § 1325(b)(3). (Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part I. REPORT OF INCOME				
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.				
1	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.				
	b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income")	ne'') for Lines 2-10	,		
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before	Column A	Column B		
	the filing. If the amount of monthly income varied during the six months, you must divide the	Debtor's	Spouse's		
	six-month total by six, and enter the result on the appropriate line.	Income	Income		
2	Gross wages, salary, tips, bonuses, overtime, commissions.	\$ 779.00	\$ 1,622.00		
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.				
	Debtor Spouse				
	a. Gross receipts \$ 0.00 \$ 0.00				
	b. Ordinary and necessary business expenses \$ 0.00 \$ 0.00 c. Business income Subtract Line b from Line a				
		\$ 0.00	\$ 0.00		
4	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV. Debtor Spouse				
4	a. Gross receipts \$ 0.00 \$ 0.00				
	b. Ordinary and necessary operating expenses \$ 0.00 \$ 0.00				
	c. Rent and other real property income Subtract Line b from Line a	\$ 0.00	\$ 0.00		
5	Interest, dividends, and royalties.	\$ 0.00	\$ 0.00		
6	Pension and retirement income.	\$ 0.00	\$ 0.00		
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. \$ 0.00 \$				
Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: Unemployment compensation claimed to					
	be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ 0.00	\$ 0.00	\$ 0.00		

9	Income from all other sources. Specify source on a separate page. Total and enter on Line 9. maintenance payments paid by your spouse, separate maintenance. Do not include any be payments received as a victim of a war crime, of international or domestic terrorism.					
		Debtor	Spouse]		
	a. b.	\$ 8	\$ \$			
	<u> </u>	1 * 1	T		00 \$	0.00
10	Subtotal. Add Lines 2 thru 9 in Column A, and in Column B. Enter the total(s).	a, ii Column B is comple	eted, add Lines 2 through 9	\$ 779.0	00 \$	1,622.00
11	Total. If Column B has been completed, add L the total. If Column B has not been completed					2,401.00
	Part II. CALCULAT	ION OF § 1325(b)(4) COMMITMENT	PERIOD	•	
12	Enter the amount from Line 11				\$	2,401.00
13	Marital Adjustment. If you are married, but a calculation of the commitment period under § enter on Line 13 the amount of the income list the household expenses of you or your depend income (such as payment of the spouse's tax lia debtor's dependents) and the amount of income on a separate page. If the conditions for entering a. b. c. Total and enter on Line 13	1325(b)(4) does not requed in Line 10, Column Bents and specify, in the lability or the spouse's sue devoted to each purpos	that was NOT paid on a reines below, the basis for export of persons other than e. If necessary, list addition	e of your spouse, egular basis for cluding this the debtor or the		
	Total and enter on Line 13				\$	0.00
14	Subtract Line 13 from Line 12 and enter the	e result.			\$	2,401.00
15	Annualized current monthly income for § 13 enter the result.	325(b)(4). Multiply the a	amount from Line 14 by the	e number 12 and	\$	28,812.00
16	Applicable median family income. Enter the information is available by family size at <u>www</u>					
	a. Enter debtor's state of residence:	TN b. Enter de	ebtor's household size:	4	\$	64,615.00
	Application of § 1325(b)(4). Check the applic	able box and proceed as	directed.			
17	■ The amount on Line 15 is less than the antop of page 1 of this statement and continuous. □ The amount on Line 15 is not less than that the top of page 1 of this statement and continuous.	e with this statement. e amount on Line 16. (Check the box for "The app			
	Part III. APPLICATION OF	§ 1325(b)(3) FOR DET	TERMINING DISPOSAB	LE INCOME		
18	Enter the amount from Line 11.				\$	2,401.00
19	Marital Adjustment. If you are married, but a any income listed in Line 10, Column B that w debtor or the debtor's dependents. Specify in the payment of the spouse's tax liability or the spot dependents) and the amount of income devoted separate page. If the conditions for entering this a. b. c.	vas NOT paid on a regular ne lines below the basis f use's support of persons d to each purpose. If nec	ar basis for the household e for excluding the Column E other than the debtor or the essary, list additional adjus	xpenses of the income(such as e debtor's		
	Total and enter on Line 19.				\$	0.00
20	Current monthly income for § 1325(b)(3). So	ubtract Line 19 from Lin	e 18 and enter the result.		\$	2,401.00

	1.		0 0 400 0 7 7 7 7		1 .1		201 4 1 12 1	I	1
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.			\$	28,812.00				
22	Applicable median family income. Enter the amount from Line 16.			\$	64,615.00				
	Applic	ation of § 1325(b)(3). Che	ck the applicable box a	nd pro	ceed as	directed.			, , , , , , ,
23		e amount on Line 21 is mo 25(b)(3)" at the top of page						nined u	nder §
		amount on Line 21 is not 25(b)(3)" at the top of page							
		Part IV. CA	ALCULATION (OF I	DEDU	CTIONS FR	OM INCOME		
		Subpart A: Do	eductions under Star	ndar	ds of th	ne Internal Reve	enue Service (IRS)		
24A	Enter in applica	al Standards: food, appar n Line 24A the "Total" amo ble household size. (This i ptcy court.)	ount from IRS National	Stand	lards for	Allowable Living	Expenses for the	\$	1,370.00
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.								
	Household members under 65 years of age			Hou	sehold 1	members 65 years	of age or older		
	a1.	Allowance per member	60	a2.	Allowa	ance per member	144		
	b1.	Number of members	4	b2.		mber of members			
	c1.	Subtotal	240.00	c2.	Subtot	al	0.00	\$	240.00
25A	Utilitie	Standards; housing and uses Standards; non-mortgage le at www.usdoj.gov/ust/ o	expenses for the applic	able c	county a	nd household size.		\$	508.00
Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero. [a. IRS Housing and Utilities Standards; mortgage/rent Expense] \$ 1,109.00									
	b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 \$ 840.00 c. Net mortgage/rental expense Subtract Line b from Line a.				Φ.				
	-	Standards: housing and u		VOIL C	ontend t			\$	269.00
26	25B do Standar	bes not accurately computerds, enter any additional antion in the space below:	the allowance to which	you a	re entitl	ed under the IRS I	Housing and Utilities		
								\$	0.00

	Local Standards: transportation; vehicle operation/public transportation; expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation.				
	Check the number of vehicles for which you pay the operating expens	ses or for which the operating expenses are			
27A	included as a contribution to your household expenses in Line 7. \square 0	1 ■ 2 or more.			
	If you checked 0, enter on Line 27A the "Public Transportation" amo Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/	"Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or	\$ 402.0		
27В	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
28	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owner vehicles.) □ 1 ■ 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a "www.usdoj.gov="" <="" a="" href="www.usdoj.gov/ust/" ust="" www.usdoj.gov=""> or from the clerk of the bankruptcy wonthly Payments for any debts secured by Vehicle 1, as stated in Li the result in Line 28. Do not enter an amount less than zero.	ship/lease expense for more than two e IRS Local Standards: Transportation court); enter in Line b the total of the Average			
	a. IRS Transportation Standards, Ownership Costs	\$ 489.00			
	Average Monthly Payment for any debts secured by Vehicle				
	b. 1, as stated in Line 47 c. Net ownership/lease expense for Vehicle 1	\$ 217.00 Subtract Line b from Line a.	\$ 272.0		
29	the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs	\$ 489.00			
	Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 47	\$ 0.00			
	b. 2, as stated in Line 47 c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$ 489.0		
30	Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale	come taxes, self employment taxes, social	\$ 222.0		
			\$ 222.0		
31	Other Necessary Expenses: mandatory deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.				
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.				
<u> </u>			\$ 0.0		
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49.				
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
	Other Necessary Expenses: childcare. Enter the total average mont	hly amount that you actually expend on	\$ 0.0		
35	childcare - such as baby-sitting, day care, nursery and preschool. Do	\$ 0.0			

36	Other Necessary Expenses: health care. Enter the average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.	\$	0.00			
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$	0.00			
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	\$	3,772.00			
	Subpart B: Additional Living Expense Deductions					
	Note: Do not include any expenses that you have listed in Lines 24-37					
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents					
39	a. Health Insurance \$ 0.00					
	b. Disability Insurance \$ 0.00					
	c. Health Savings Account \$ 0.00					
	Total and enter on Line 39	\$	0.00			
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$					
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.	\$	0.00			
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.		0.00			
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount					
	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and					
43	actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with	\$	0.00			
43	actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and	\$	0.00			
	actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards. Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is	\$	0.00			

			Subpart C: Deductions for De	bt P	ayment			
47	own, list the check whethe scheduled as	name of creditor, ident er the payment includes contractually due to ea by 60. If necessary, li	ify the property securing the debt, state to staxes or insurance. The Average Month ach Secured Creditor in the 60 months for stadditional entries on a separate page.	the Av nly Pa ollowi	verage Monthly syment is the to ng the filing of	Payment, and tal of all amounts the bankruptcy		
		of Creditor	Property Securing the Debt		Average Monthly Payment	Does payment include taxes or insurance		
		NIAL LOAN CIATION	HOUSEHOLD GOODS	\$	•	□yes ■no		
		ONSTAR GAGE	909 RIVERSIDE DRIVE NASHVILLE, TN 37206 PURCHASED 05/20/2006	\$	840.00	■yes □no		
	c. P ANI	P AUTO SALES	1995 CHEVY S10 PURCHASED 04/26/2008	\$	217.00 otal: Add Lines	□yes ■no	\$	1,107.00
48	motor vehicle your deduction payments list sums in defar the following	e, or other property nec on 1/60th of any amoun red in Line 47, in order ult that must be paid in g chart. If necessary, lis	s. If any of debts listed in Line 47 are secessary for your support or the support of the "cure amount") that you must pay to maintain possession of the property. order to avoid repossession or foreclosus tadditional entries on a separate page.	cured f your the c The c	I by your prima r dependents, your creditor in addit ure amount wo ist and total any	ou may include in ion to the uld include any y such amounts in		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		of Creditor	Property Securing the Debt 909 RIVERSIDE DRIVE NASHVILLE, TN 37206 E PURCHASED 05/20/2006		\$	50.00 Total: Add Lines	\$	50.00
49	priority tax,	child support and alimo	claims. Enter the total amount, divided only claims, for which you were liable at uch as those set out in Line 33.				\$	0.00
		administrative expense.	es. Multiply the amount in Line a by the	amou	unt in Line b, a	nd enter the	Ψ	
50	issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of				1,220.00			
			ative expense of Chapter 13 case	Tot	al: Multiply Li		\$	53.68
51	Total Deduc	tions for Debt Paymen	nt. Enter the total of Lines 47 through 5	0.			\$	1,210.68
	•		Subpart D: Total Deductions f	rom	Income		_	
52	Total of all o	leductions from incon	ne. Enter the total of Lines 38, 46, and 5	51.			\$	4,982.68
	1	Part V. DETERM	INATION OF DISPOSABLE	INC	OME UNDI	ER § 1325(b)(2)	
53			nter the amount from Line 20.				\$	2,401.00
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child. \$ 0.00				0.00			
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of			0.00				
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52. \$ 4,982.68							

		ecial circumstances that justify additional expenses for which circumstances and the resulting expenses in lines a-c below.
	If necessary, list additional entries on a separate page.	Total the expenses and enter the total in Line 57. You must ese expenses and you must provide a detailed explanation
57	Nature of special circumstances	Amount of Expense
	a.	\$
	b.	\$
	c.	\$
		Total: Add Lines \$ 0
58	Total adjustments to determine disposable income. result.	Add the amounts on Lines 54, 55, 56, and 57 and enter the \$ 4,982
59	Monthly Disposable Income Under § 1325(b)(2). S	ubtract Line 58 from Line 53 and enter the result.
	Part VI. ADDI	TIONAL EXPENSE CLAIMS
60	707(b)(2)(Å)(ii)(I). If necessary, list additional source each item. Total the expenses. Expense Description a. b. c.	e an additional deduction from your current monthly income under § es on a separate page. All figures should reflect your average monthly expense for Monthly Amount \$ \$ \$
	d.	\$
		Add Lines a, b, c and d \$
	Part	VII. VERIFICATION
	I declare under penalty of perjury that the information <i>must sign.</i>)	provided in this statement is true and correct. (If this is a joint case, both debtor
	Date: April 29, 2009	Signature: /s/ JEFFERY LANCASTER
61		JEFFERY LANCASTER (Debtor)
61		, ,
	Date: April 29, 2009	Signature /s/ SHANNON LANCASTER

SHANNON LANCASTER

(Joint Debtor, if any)